		PENSE CLAIM	1				nd Privac	-							
SID 262 (REV 10/92) Stateme CLAIMANT'S NAME						nt on Reverse Side SSAN OR EMPLOYEE NUMBER DEPARTM					Page	. 1	of	1	
Camille Anderson						Press									
POSITION CB/ID NUMBER						DIVISION OR BUREAU					Пісе	INDEX NUME	BER		
Deputy Press Secretary						Press Office									
RESIDENCE ADDRESS						HEADQUARTERS ADDRESS					TELEPHONE NUMBER				
1															
CITY		STATE		ZIP		CITY				STATE		1	ZIP		
				(											
MEALS								1	RANSPORTAT	ION					
MONTH/YEAR LOCATION										CARFARE.			BUSINESS	TOTAL	
9	109	WHERE EXPENSES	LODGING				INCIDENTALS	COST OF		TOLLS,	PRIVATE	CAR USE	EXPENSE	EXPENSES	
DATE	TIME	WERE INCURRED		BREAKFAST	LUNCH	DINNER		TRANS	TYPE USED	PARKING	MILES	AMOUNT		FOR DAY	
4-Sep	5:00am	Fremont		1.94	266	0 00	6.00	0.00	0.00	0.00					
				1.24	-00	0.00	900	0.00	0.00	0.00	11	4.90		20.5	
												0.00		0.00	
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												0.00	****	0.00	
												0.00		0.00	
												0.00		0.00	
SUBTOTALS         0.00         1.94         7.66           COLUMN CODE (ACCTG. USE ONLY)         0.00         1.94         7.66					0.00	6.00	0.00	0.00	0.00	11	4.90	0.00			
COLUMN	ODE (	ACCTG. USE ONLY	<b>(</b> )												
	CLAIM	TOTAL								10	2.84		_\$20	50	
		P, REMARKS AND				198					NORMAL V	VORK HOU			
		mor at the Fremo						e) and U.	.S.		***				
Energy !	Secretary	Steven Chu. (M	et up and	l carpoole	ed with J	eff Mace	edo)				PRIVATE V	EHICLE LIC	CENSE NU	IMBER	
											MILEAGE RATE CLAIMED				
											0.445				
										1	AGENCY ACCOUNTING OFFICE				
HEREBY C	CERTIFY The	at the above is a true state	ment of the tr	avel expense	s incurred by	y me in accor	dance with DI	PA rules in th	ne service of	the State of	20070.7. <del>-</del>	USE C			
		owned vehicle was used at								1	PAID BY	REVOLVING FL		nen	
		med, and that I have met th										110	7 7	UMBER	
pertaining to		ly and seat belt usage		т.	DATE		SICHATHRE		1		0	700			
JL/	E IV KIN THISE				-	1	Spraxmer	NE OFFICE			, AWENL	D	ATE		
					4-9	19				· ·					
iiGNATURE (	OF TITLE OF A	AUTHORITY FOR SPECIAL	EXPENSES							-		D	ATE /	/	
										4			2/3/	10	